FP 100-4D

Federal Programs Substitute Sign In Form

School: _____ Approved Request #: _____

Activity/Program: _____

☐ *Title I Tutorial*
☐ *Title I Professional Development*
☐ *Title II Professional Development*
☐ *Title III Tutorial*
☐ *Title III Professional Development Programs*
☐ *Title IV* ☐ *Safe & Healthy* ☐ *Well Rounded Education* ☐ *Technology PD/Technology Infrastructure*

***Attach Supplemental Pay Form S-507**
***Attach Agenda, if applicable**

Sign in for Substitute Pay Documentation

Substitute Signature	Emp. I.D. #		**SECTION MUST BE HANDWRITTEN**			
			Date	Time In	Time Out	Teacher's Name Substituted For

This is to certify that the above individuals have worked 100% of their time during the period of _____through _____

Principal's Signature:_____ Date: _____